

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Don Beyer

Full Name (Last, First, Middle Initial)

A. Liaison Capitol

Mailing Address 415 New Jersey Ave NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2015

City	State	Zip Code
Washington	DC	20001-2001

Purpose of Disbursement
Catering/Events

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

664.00

Transaction ID : VNH269YDGR2

[MEMO ITEM]

*

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

B. Verizon Center

Mailing Address 601 F St NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2015

City	State	Zip Code
Washington	DC	20004-1605

Purpose of Disbursement
Catering/Events

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1240.16

Transaction ID : VNH269YDGG4

[MEMO ITEM]

*

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

c. Google

Mailing Address 1600 Amphitheatre Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		05		2015

City	State	Zip Code
Mountain View	CA	94043-1351

Purpose of Disbursement
Email Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

65.83

Transaction ID : VNH269YDGP6

[MEMO ITEM]

*

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
